

CAND Pay.gov Application for Refund (rev. 2/2023)

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

**APPLICATION FOR REFUND (USDC-CAND PAY.GOV)**

PAY.GOV TRANSACTION DETAILS

**IMPORTANT:**

- Complete all required fields (shown in **red\***); otherwise, your request may be denied and require resubmission.
- In fields **3-6**, enter the information for the **incorrect** transaction (the one for which you are requesting a refund), not the **correct** transaction that appears on the docket. This information can be found in the Pay.gov screen receipt or confirmation email.

<b>1. Your Name:*</b> Katey Deaton	<b>7. Your Phone Number:</b> (850) 435-7009
<b>2. Your Email Address: *</b> kdeaton@levinlaw.com	<b>8. Full Case Number (if applicable):</b> 4:22-md-03047-YGR
<b>3. Receipt Agency Tracking ID:*</b> ACANDC-18064239	<b>9. Fee Type:*</b> <div style="margin-left: 20px;"> <input type="checkbox"/> Attorney Admission  <input checked="" type="checkbox"/> Civil Case Filing  <input type="checkbox"/> Audio Recording  <input type="checkbox"/> Notice of Appeal  <input type="checkbox"/> Pro Hac Vice  <input type="checkbox"/> Writ of Habeas Corpus         </div>
<b>4. Transaction Date:*</b> 03/10/2023	
<b>5. Transaction Time:*</b> 2:04 pm	
<b>6. Transaction Amount (Amount to be refunded):*</b> \$ 402.00	
<b>10. Reason for Refund Request:*</b> Explain in detail what happened to cause duplicate charges or no fee required. <ul style="list-style-type: none"> <li>▪ For a duplicate charge, provide the <b>correct</b> receipt number in this field.</li> <li>▪ If you paid a filing fee in an abandoned case number, note that case number here (but e-file the refund request in the <b>open</b> case).</li> </ul> Filed Complaint in the wrong case.	

✓ **Efile this form using OTHER FILINGS → OTHER DOCUMENTS → APPLICATION FOR REFUND.**

View detailed instructions at: [cand.uscourts.gov/ecf/payments](https://cand.uscourts.gov/ecf/payments). For assistance, contact the ECF Help Desk at 1-866-638-7829 or [ecfhelpdesk@cand.uscourts.gov](mailto:ecfhelpdesk@cand.uscourts.gov) Monday -Friday 9:00 a.m.-4:00 p.m.

FOR U.S. DISTRICT COURT USE ONLY	
Refund request: <div style="margin-left: 20px;"> <input type="checkbox"/> Approved  <input type="checkbox"/> Denied  <input checked="" type="checkbox"/> Denied — Resubmit amended application (see reason for denial)         </div>	Request approved/denied by: <u>Ana P. Ranares</u>
Approval/denial date: <u>3/21/2023</u>	Agency refund tracking ID number:
Pay.gov refund tracking ID refunded:	Refund processed by:
Date refund processed:	
Reason for denial (if applicable): <b>Please state the correct/open case number in section 10 as well as the correct receipt number.</b>	
Referred for OSC date (if applicable):	